BoneCare 2020:

A systematic approach to hip fracture care and prevention for New Zealand

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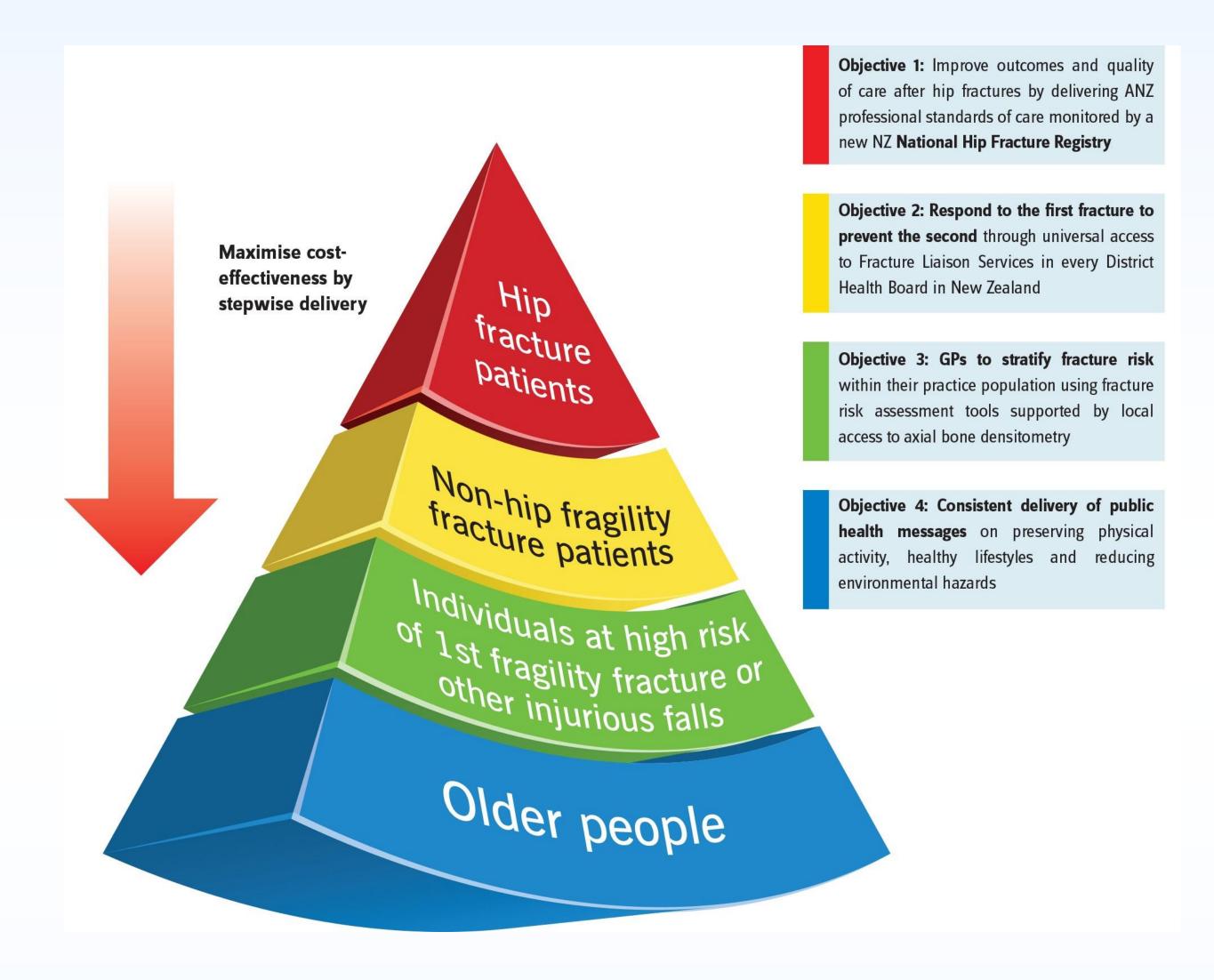
Introduction

In December 2012, Osteoporosis New Zealand published BoneCare 2020, which made the case for implementation of a systematic approach to hip fracture care and prevention for New Zealand. Key components of the strategy included establishment of a NZ Hip Fracture Registry, to enable nationwide benchmarking of Australian and New Zealand professional standards of acute hip fracture care, and implementation of Fracture Liaison Services (FLS) in all District Health Boards (DHBs) to reliably deliver secondary fracture prevention (figure 1).

Method (cont.)

 Health Quality & Safety Commission NZ: The Commission's national programme, Reducing Harm from Falls, featured BoneCare 2020 as one of 10 Topics, with Topic 6 looking at why hip fracture prevention and care matters. The programme aims to reduce the harm older people can suffer if they fall –

Figure 1. BoneCare 2020: A systematic approach to hip fracture care and prevention for New Zealand



especially when receiving care, whether in hospital, residential care, or in their own home.

 ANZ Hip Fracture Registry Steering Group: The ANZ HFR Steering Group has developed trans-Tasman Hip Fracture Care guidelines which will be published during Q3-2014. ANZ HFR, in collaboration with Osteoporosis New Zealand, HQSC and the NZ Orthopaedic Association have developed an information technology platform for hip fracture audit in New Zealand.

Results

In Q4-2014, the NZ Hip Fracture Registry will be tested in an evaluation project within the 4 Northern Region DHBs. With regards to FLS implementation, as of August 2014:

- 6 DHBs had some form of FLS operating (albeit some at an early stage).
- The combined population of these DHBs is 2,271,708

Method

BoneCare 2020 invited all relevant professional organisations, policy groups and private sector partners to join a National Fragility Fracture Alliance to implement this strategy. In this regard, many organisations have worked together in a spirit of collaboration to play a role in supporting implementation, including:

NZ Ministry of Health: Pursuant to setting an expectation that all DHBs implement FLS during 2013-14, the Ministry of Health worked with Osteoporosis New Zealand, the 4 regional DHB Alliances and clinical and administrative staff from the DHBs to deliver FLS Forums to share best practice and experience from elsewhere during Q4-2013 and Q1-2014. District Annual Planning guidance for 2014-15 states that

people (over half New Zealand's population).

- The 6 DHBs that have an FLS account for approximately 282,500 people over the age of 65 (44% of the total population over 65).
- The 6 DHBs will continue to implement and monitor their FLS during 2014-15. The remaining 14 DHBs will also be implementing their FLS during 2014-15.

Conclusion

In less than 2 years, all relevant organisations in New Zealand have worked together collaboratively to implement a systematic approach to hip fracture care and prevention for older New Zealanders. BoneCare 2020 called for establishment of an NZ Hip Fracture Registry and universal access to FLS by December 2015, an objective which is on track to be realised.

The approach taken in New Zealand could inform similar efforts to expedite change in other countries.

DHBs should have fully operational FLS, and that implementation will be measured quarterly.

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University of Auckland, Auckland, New Zealand
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